



September 14, 2011

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**PAM BURGESS  
REGIONAL GENERAL MANAGER  
TIME WARNER CABLE  
2305 W KATHLEEN AVE  
COEUR D ALENE , ID 83814**

**Re: 2011 Three-Year Election for Retransmission Consent**

Dear PAM BURGESS,

In accordance with Section 76.64 of the Rules of the Federal Communications Commission ("FCC"), this is to notify you that Station KLEW-TV, LEWISTON, ID (the "Station") elects to require TIME WARNER CABLE, which serves the community(ies) and/or county(ies) and unincorporated areas within those community(ies) and county(ies) listed on the enclosed 2011 Cable Retransmission Consent Election Statement, to obtain the consent of the Station for retransmission of its broadcast signal effective January 1, 2012, through December 31, 2014. Consent of the Station for retransmission of its signal will be required for, but not limited to, the system(s) serving the community(ies) and county(ies) listed on the enclosed Election Statement.

Fisher Communications will provide under separate cover a retransmission consent agreement to cover the election period of January 1, 2012 through December 31, 2014 to you shortly. If you already have a retransmission consent agreement with the Station or with Fisher Communications, Inc. or a subsidiary thereof that covers the Station for all or a portion of the January 1, 2012, through December 31, 2014, cycle, then the terms of that agreement will govern for the period specified in the agreement. If such an agreement expires prior to December 31, 2014, then it will be necessary for you to negotiate for retransmission consent following that expiration. In addition, if such an agreement contains an automatic renewal provision, then this letter shall also serve as notice of our election, as evidenced by this letter, to terminate that agreement at the end of its current term, and it will be necessary for the affected cable system(s) to negotiate for retransmission consent following expiration of the current term of that agreement.

Sincerely,

A handwritten signature in dark ink, appearing to be "D. Praga", written over a horizontal line.

David Praga  
General Manager  
KIMA/KEPR/KLEW

Enclosure

cc: Public File



2011 CABLE RETRANSMISSION CONSENT ELECTION STATEMENT  
FOR STATION KLEW-TV

This Statement constitutes the election, pursuant to Section 76.64 of the Rules of the Federal Communications Commission, by Fisher Broadcasting-Washington TV, L.L.C., licensee of Station KLEW-TV, LEWISTON, ID (the "Station"), to require TIME WARNER CABLE to obtain the Station's consent beginning January 1, 2012, for retransmission of its broadcast signal by, but not limited to, the cable system(s) serving the following community(ies) and county(ies), and any unincorporated areas within these community(ies) and county(ies):

MOSCOW, LATAH COUNTY, ID

This election is effective for the period beginning January 1, 2012, and terminating as of December 31, 2014.

This will certify that this Statement was placed in the Station's local public file on September 14, 2011 and mailed by certified mail, return receipt requested, on September 14, 2011 to the following cable system(s):

PAM BURGESS  
REGIONAL GENERAL MANAGER  
TIME WARNER CABLE  
2305 W KATHLEEN AVE  
COEUR D ALENE , ID 83814

Station: KLEW-TV

Date: September 14, 2011

By:

A handwritten signature in black ink, appearing to be "David Praga", written over a horizontal line.

David Praga  
General Manager  
KIMA/KEPR/KLEW

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**PAM BURGESS  
REGIONAL GENERAL MANAGER  
TIME WARNER CABLE  
2305 W KATHLEEN AVE  
COEUR D ALENE , ID 83814**

2. Article Number

(Transfer from service label)

7008 1300 0000 9846 6790

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pam Burgess*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Pam Burgess*

C. Date of Delivery

*9-19-11*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total

**PAM BURGESS  
REGIONAL GENERAL MANAGER  
TIME WARNER CABLE  
2305 W KATHLEEN AVE  
COEUR D ALENE , ID 83814**

Sent To

Street,  
or P.O. Box

City, State

Postmark  
Here

PS Form 3800, August 2006

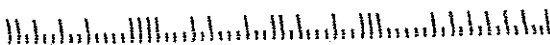
See Reverse for Instructions

7008 1300 0000 9846 6790



• Sender: Please print your name, address, and ZIP+4 in this box •

KIRSTEN HASTINGS  
FISHER COMMUNICATIONS  
140 4<sup>TH</sup> AVE N, STE 500  
SEATTLE, WA 98109



**Certified Mail Provides:**

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- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

**Important Reminders:**

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.**  
PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047